

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

North Carolina Hospital Association Political Action Committee - Federal

ADDRESS (number and street) ▼

P.O. Box 4449

☐ Check if different than previously reported. (ACC)

Cary

NC

27519-4449

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00194647

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)

☐ July 15 Quarterly Report (Q2)

☐ October 15 Quarterly Report (Q3)

☒ January 31 Year-End Report (YE)

☐ July 31 Mid-Year Report (Non-election Year Only) (MY)

☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Jamal Jones

Signature of Treasurer

Mr. Jamal Jones

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only

FEC FORM 3X
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

North Carolina Hospital Association Political Action Committee - Federal

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
07 / 01 / 2011 To: M M / D D / Y Y Y Y Y Y
12 / 31 / 2011

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2011		44902.42
(b) Cash on Hand at Beginning of Reporting Period.....	13761.99	
(c) Total Receipts (from Line 19)	31788.45	59977.80
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	45550.44	104880.22
7. Total Disbursements (from Line 31)	133.74	59463.52
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	45416.70	45416.70
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

North Carolina Hospital Association Political Action Committee - Federal

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y
07 01 2011

To:

M M / D D / Y Y Y Y Y
12 31 2011
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

5830.20

12880.20

(ii) Unitemized

25958.25

47097.60

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

31788.45

59977.80

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ►

31788.45

59977.80

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ►

31788.45

59977.80

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ►

31788.45

59977.80

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	59200.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	133.74	263.52
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	133.74	59463.52
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	133.74	59463.52

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	31788.45	59977.80
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	31788.45	59977.80
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

North Carolina Hospital Association Political Action Committee - Federal

Full Name (Last, First, Middle Initial)

A. Mrs. Phyllis Wingate-Jones

Mailing Address 920 Church Street North

City

Concord

State

NC

Zip Code

28025-2927

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas Medical Center-NorthEast

Occupation

Division President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 21 / 2011

Transaction ID : 19262375

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Mr. Jeffrey S Miller

Mailing Address P O Box HP-5

City

High Point

State

NC

Zip Code

27261-1899

FEC ID number of contributing
federal political committee.

C

Name of Employer

High Point Regional Health System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 21 / 2011

Transaction ID : 19262653

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Mr. Linwood Jones

Mailing Address Post Office Box 4449

City

Cary

State

NC

Zip Code

27519-4449

FEC ID number of contributing
federal political committee.

C

Name of Employer

North Carolina Hospital Association

Occupation

General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 12 / 2011

Transaction ID : 19263350

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

900.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 14
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

North Carolina Hospital Association Political Action Committee - Federal

Full Name (Last, First, Middle Initial)

A. Mr. Michael C Tarwater

Mailing Address P O Box 32861

City State Zip Code
Charlotte NC 28232-2861

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolinas HealthCare System

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 21 2011

Transaction ID : 19263565

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Mr. Michael Nagowski

Mailing Address 1638 Owen Drive

City State Zip Code
Fayetteville NC 28304-3424

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cape Fear Valley Health System

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

246.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 21 2011

Transaction ID : 19263580

Amount of Each Receipt this Period

246.00

Full Name (Last, First, Middle Initial)

C. Dr. Eugene Wright MD

Mailing Address 2596 Edmonton Road

City State Zip Code
Fayetteville NC 28304-3704

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cape Fear Valley Health System

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 21 2011

Transaction ID : 19263698

Amount of Each Receipt this Period

225.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

771.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 14
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

North Carolina Hospital Association Political Action Committee - Federal

Full Name (Last, First, Middle Initial)

A. Mr. Louis Patalano IV

Mailing Address P O Box 2000

City State Zip Code
 Fayetteville NC 28302-2000

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Cape Fear Valley Health System

Occupation
 Vice President Legal Services and Gene

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 21 2011

Transaction ID : 19263718

Amount of Each Receipt this Period

225.00

Full Name (Last, First, Middle Initial)

B. Mr. William Bryce Pryor

Mailing Address 2928 Skye Drive

City State Zip Code
 Fayetteville NC 28303-5927

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Cape Fear Valley Health System

Occupation
 Senior Vice President Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 21 2011

Transaction ID : 19263724

Amount of Each Receipt this Period

240.00

Full Name (Last, First, Middle Initial)

C. Ms. Sandra Williams

Mailing Address P O Box 2000

City State Zip Code
 Fayetteville NC 28302-2000

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Cape Fear Valley Health System

Occupation
 Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 21 2011

Transaction ID : 19263735

Amount of Each Receipt this Period

225.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

690.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

North Carolina Hospital Association Political Action Committee - Federal

Full Name (Last, First, Middle Initial)

A. Mr Paul S Franz

Mailing Address P O Box 32861

1320 Fillmore Avenue, Unit 413

City

Charlotte

State

NC

Zip Code

28232-2861

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

Executive Vice President Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 27 / 2011

Transaction ID : 19330413

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Mrs. Joann Anderson

Mailing Address P O Box 1408

City

Lumberton

State

NC

Zip Code

28359-1408

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southeastern Regional Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 27 / 2011

Transaction ID : 19330545

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Mr. W. Spencer Spencer Lilly

Mailing Address 9306 Copans Glen Lane

City

Huntersville

State

NC

Zip Code

28078-6489

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas Medical Center

Occupation

COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 11 / 2011

Transaction ID : 19330585

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

900.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

North Carolina Hospital Association Political Action Committee - Federal

Full Name (Last, First, Middle Initial)

A. Mr. Michael Stevenson

Mailing Address 3990 U S Highway 64 East Alt

City State Zip Code
Murphy NC 28906-7917

FEC ID number of contributing
federal political committee.

C

Name of Employer
Murphy Medical Center

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

08 / 11 / 2011

Transaction ID : 19330646

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. Mr. Michael Stevenson

Mailing Address 3990 U S Highway 64 East Alt

City State Zip Code
Murphy NC 28906-7917

FEC ID number of contributing
federal political committee.

C

Name of Employer
Murphy Medical Center

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

08 / 18 / 2011

Transaction ID : 19330758

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

C. Mr. Henry Hawthorne III

Mailing Address 500 Jefferson Street

City State Zip Code
Whiteville NC 28472-3634

FEC ID number of contributing
federal political committee.

C

Name of Employer
Columbus Regional Healthcare System

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

08 / 11 / 2011

Transaction ID : 19330762

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

450.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

North Carolina Hospital Association Political Action Committee - Federal

Full Name (Last, First, Middle Initial)

A. Mr. Stan Taylor

Mailing Address 308 Pace St.

City State Zip Code
 Raleigh NC 27604-1209

FEC ID number of contributing
federal political committee.

C

Name of Employer
 WakeMed Health & Hospitals

Occupation
 VP, Business Development & Managed Car

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

08 / 18 / 2011

Transaction ID : 19330784

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Mr. Michael Stevenson

Mailing Address 3990 U S Highway 64 East Alt

City State Zip Code
 Murphy NC 28906-7917

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Murphy Medical Center

Occupation
 Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

09 / 09 / 2011

Transaction ID : 19672933

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

C. Mr. William A Pully

Mailing Address 2728 Cambridge Road

City State Zip Code
 Raleigh NC 27608-1142

FEC ID number of contributing
federal political committee.

C

Name of Employer
 North Carolina Hospital Association

Occupation
 President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

12 / 22 / 2011

Transaction ID : 19672939

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

675.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

North Carolina Hospital Association Political Action Committee - Federal

Full Name (Last, First, Middle Initial)

A. Mr. Richard E Hudson

Mailing Address 1705 Tarboro Stret, SW

 City
 Wilson

 State
 NC

 Zip Code
 27893-3428

 FEC ID number of contributing
 federal political committee.

Name of Employer

Wilson Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
10		26		2011

Transaction ID : 19672947

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

B. Mr. Hugh H. Tilson Jr.

Mailing Address 1305 College Place

 City
 Raleigh

 State
 NC

 Zip Code
 27605-1718

 FEC ID number of contributing
 federal political committee.

Name of Employer

North Carolina Hospital Association

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
12		15		2011

Transaction ID : 19673145

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C. Mr. Kevin W Sowers

Mailing Address P O Box 3708

 City
 Durham

 State
 NC

 Zip Code
 27710-0001

 FEC ID number of contributing
 federal political committee.

Name of Employer

Duke University Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
12		15		2011

Transaction ID : 19673195

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

North Carolina Hospital Association Political Action Committee - Federal

Full Name (Last, First, Middle Initial)

A. Jimm Bunch

Mailing Address 21 Bainbridge Ct.

City
Arden

State
NC

Zip Code
28704-9601

FEC ID number of contributing
federal political committee.

C

Name of Employer

Park Ridge Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.00

Date of Receipt

11 / 10 / 2011

Transaction ID : 19673267

Amount of Each Receipt this Period

264.00

Full Name (Last, First, Middle Initial)

B. Dr. Carol Koeble MD

Mailing Address 3808 White Chapel Way

City
Raleigh

State
NC

Zip Code
27615-1658

FEC ID number of contributing
federal political committee.

C

Name of Employer

North Carolina Hospital Association

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.20

Date of Receipt

12 / 22 / 2011

Transaction ID : 19673297

Amount of Each Receipt this Period

250.20

Full Name (Last, First, Middle Initial)

C. Ms. Millie Harding

Mailing Address 1113 Pearson Farms Road

City
Apex

State
NC

Zip Code
27502-6741

FEC ID number of contributing
federal political committee.

C

Name of Employer

North Carolina Hospital Association

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

12 / 15 / 2011

Transaction ID : 19673333

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

814.20

TOTAL This Period (last page this line number only)..... ►

5830.20

	21b		22		23		24		25		26
	27		28a		28b		28c	X	29		30b

North Carolina Hospital Association Political Action Committee - Federal

Bank Fees Dec. 2011

66.39